

In re Robin Elaine Mowbray

Case 8:25-bk-10543- TA
Chapter 11

**United States Bankruptcy Court
Central District of California, Santa Ana Division**

**DISCLAIMER REGARDING THE DEBTOR'S SCHEDULES OF ASSETS AND
LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS**

I. INTRODUCTION

Robin Elaine Mowbray, as debtor and debtor in possession in the above captioned chapter 11 case (the "Debtor"), has filed her Schedule of Assets and Liabilities (the "Schedules") and Statement of Financial Affairs (the "SOFA," and collectively with the "Schedules," the "Schedules and SOFA") in the United States Bankruptcy Court for the Central District of California, Santa Ana Division.

The Schedules and SOFA were prepared by the Debtor, with the assistance of her proposed general bankruptcy counsel, Elkins Kalt Weintraub Reuben Gartside LLP ("EK"). In preparing the Schedules and SOFA, EK has necessarily relied upon the statements and representations of the Debtor. In reviewing and signing the Schedules and SOFA, the Debtor has necessarily relied upon the efforts, statements and representations of EK.

The Schedules and SOFA contain unaudited information that is subject to further review and potential adjustment and may be appropriate. The Schedules and SOFA reflect the Debtor's reasonably best effort to report her assets, liabilities, and pre-petition transactions reflected in the SOFA. In preparing the Schedules and SOFA, the Debtor relied on financial data derived from her books and records and other sources of information that were available at the time of such preparation. Although the Debtor has made reasonable efforts to ensure the accuracy and completeness of such financial information, subsequent information or discovery may result in changes to the Schedules and SOFA. As a result, inadvertent errors or omissions may exist. The Debtor reserves all rights to amend or supplement the Schedules and SOFA as may be necessary and appropriate.

Nothing contained in the Schedules and SOFA shall constitute a waiver of any of the Debtor's rights or an admission with respect to her Bankruptcy Case, including, without limitation, any issues involving equitable subordination, defenses or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant applicable laws to recover assets or avoid transfers.

This Disclaimer is incorporated by reference in, and constitutes an integral part of the Schedules and SOFA. This Disclaimer should be referred to and reviewed in connection with any review of the Schedules and SOFA.

II. GENERAL DISCLAIMERS

Recharacterization. Notwithstanding that the Debtor has made reasonable best efforts to correctly characterize, classify, categorize or designate certain claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and SOFA, the Debtor nonetheless may have improperly characterized, classified, categorized or designated certain items. As such, the

Debtor reserves all rights to re characterize, reclassify, recategorize or redesignate items reported in the Schedules and SOFA at a later time as is necessary and appropriate.

Liabilities. The Debtor allocated liabilities between the pre-petition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and SOFA. As additional information becomes available and further research is conducted by the Debtor and her advisors, the allocation of liabilities between the pre-petition and postpetition periods may change. The Debtor reserves all rights to modify, amend and supplement the Schedules and SOFA as is necessary and appropriate.

Basis of Presentation. The Schedules and SOFA do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles ("GAAP"). Unless otherwise stated in the Schedules or herein, asset value information in the Schedules reflects the Debtor's best estimate of such asset values as of February 18, 2025 (the "Petition Date") based on information in the Debtor's books and records or other available information. No independent valuation has been obtained or performed for purposes of preparing the Schedules. Moreover, due to, among other things, the current unknown value of certain assets, the nature of certain assets and liabilities, and the impact of future events, the Schedules do not constitute a conclusion by the Debtor that she was solvent or insolvent as of the Petition Date or any time prior to the Petition Date.

Estimates. The Debtor must make certain estimates and assumptions that affect the reported value of assets and amounts of liabilities. The Debtor reserves all rights to amend the reported value or amounts of assets and liabilities to reflect changes in those estimates and assumptions.

Insiders. In the circumstance where the Schedules and SOFA require information regarding "insiders," the Debtor has included information with respect to the individuals who the Debtor believes may be included in the definition of "insider" set forth in section 101(31) of the Bankruptcy Code. Persons identified as "insiders" have been included for information purposes only. The Debtor does not take any position with respect to whether such individual could successfully argue that he or she is not an "insider" under applicable law.

Causes of Action. The Debtor has done her best to identify causes of action (filed or potential) that she may have against third parties but has not discovered any. To the extent that the Debtor obtains additional information that necessitates listing additional potential causes of action, the Debtor will amend the Schedules as appropriate.

General Disclaimers. Any failure to designate a claim listed on the Debtor's Schedules as "disputed," "contingent" or "unliquidated" does not constitute an admission by the Debtor that such amount is not "disputed," "contingent" or "unliquidated." The Debtor reserves the right to subsequently designate any claim as "disputed," "contingent" or "unliquidated." The Debtor further reserves the rights to dispute, object to, assert counterclaims, rights of setoff, rights of recoupment, or defenses to, subordinate, avoid, and/or obtain reclassification of any claim or any interest in property securing such claim.

III. SPECIFIC SCHEDULES DISCLOSURES

(a) Schedule A/B. The Debtor has scheduled amounts for assets that she owns. Unless otherwise noted, all of the amounts listed on Schedule A/B represent the estimated fair market value of the Debtor's assets, though the actual value of such assets may differ significantly from the amounts reflected in the Debtor's books and records.

(b) Schedule D – Creditors Who Have Claims Secured by Property. The Debtor reserves her rights to dispute or challenge the validity, or perfection of any lien purported to be granted or perfected in any specific asset to a secured creditor listed on Schedule D or to seek to avoid any such lien. Moreover, although the Debtor has scheduled claims of various creditors as secured claims, the Debtor reserves all rights to dispute or challenge the secured nature of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument related to such creditor's claim.

(c) Schedule E/F. The claims listed in Schedule E/F arose or were incurred on various dates. A determination of each date upon which each claim in Schedule E/F was incurred or arose may be costly and unduly burdensome. Accordingly, no incurrence date is shown where the cost or burden would be significant. The claims listed on Schedule E/F are subject to further review, reconciliation and amendment by the Debtor. Schedule E/F does not include rejection damages claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected in the future.

****SCHEDULES AND SOFA BEGIN ON THE FOLLOWING PAGE****

Fill in this information to identify your case:

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number 8:25-bk-10543-TA
(If known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>		\$ <u>286,000.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>		\$ <u>232,225.61</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>		\$ <u>518,225.61</u>

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>		\$ <u>22,793,934.42</u>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>		\$ <u>0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>		+ \$ <u>9,721,135.00</u>
Your total liabilities		\$ <u>32,515,069.42</u>

Part 3: Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>		\$ <u>15,744.73</u>
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>		\$ <u>14,050.00</u>

Debtor 1 Robin Elaine Mobray
First Name Middle Name Last Name

Case number (if known) 8:25-bk-10543-TA

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 16,333.33

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

Total claim

From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 0.00

Fill in this information to identify your case and this filing:

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number 8:25-bk-10543-TA

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1. 34086 Avenue H
Street address, if available, or other description

Yucaipa CA 92399
City State ZIP Code

San Bernardino
County

What is the property? Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ 572,000.00

Current value of the portion you own? \$ 286,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Joint Tenancy w/ sibling

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____

Current value of the portion you own? \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

1.3. _____
 Street address, if available, or other description

 City State ZIP Code

 County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ **Check if this is community property** (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. _____ →

\$ 286,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No
☒ Yes

3.1. Make: Tesla
 Model: Model X
 Year: 2022
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ 40,000.00 \$ 40,000.00

If you own or have more than one, describe here:

3.2. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

3.3. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

3.4. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

4.1. Make: _____
 Model: _____
 Year: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____
 Model: _____
 Year: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

\$ 40,000.00

Debtor 1

Robin

First Name

Elaine

Middle Name

Main Document

Last Name

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Case Number (if known)

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Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe..... Dining room furniture, living room furniture, kitchen appliances, bedroom furniture

\$ 1,000.00

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe..... Flat Screen TVs (5) DVD Player, Stereo System, Laptop

\$ 1,500.00

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☐ No☐ Yes. Describe.....

\$

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.....

\$

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....

\$

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe..... Everyday clothes as well as business casual clothes

\$ 1,000.00

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe..... Costume jewelry

\$ 1,000.00

13. Non-farm animals*Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe.....

\$

14. Any other personal and household items you did not already list, including any health aids you did not list☒ No☐ Yes. Give specific information.

\$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$ 4,500.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes Cash: \$ 40.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes Institution name:

17.1. Checking account:	<u>Alta Vista Credit Union</u>	\$ <u>1,337.71</u>
17.2. Checking account:	<u>Banner Bank</u>	\$ <u>18,921.89</u>
17.3. Savings account:	_____	\$ _____
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☐ No

☒ Yes. Give specific information about them.....

Name of entity:	% of ownership:	
<u>Mowbray Waterman Property LLC</u>	<u>51</u> %	UNKNOWN \$ <u>Unknown</u>
<u>Phoenix Traffic Management Inc</u>	<u>100</u> %	\$ <u>Unknown</u>
<u>The Original Mowbray's Tree Service Inc</u>	<u>100</u> %	\$ <u>Unknown</u>

Debtor 1

Robin

Elaine

Main Document

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Case number (if known)

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First Name

Middle Name

Last Name

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☐ No☒ Yes. Give specific information about them.....

Issuer name:

Promissory note from The Original Mowbray's Tree Service Inc

\$ Unknown

(Debtor Case 8:24-bk-12674-TA) for \$5,836,127.84 (for tax refund loaned)

\$

\$

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No☒ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan:

John Hancock

\$ 189,346.00

Pension plan:

\$

IRA:

\$

Retirement account:

\$

Keogh:

\$

Additional account:

\$

Additional account:

\$

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes

Institution name or individual:

Electric:

\$

Gas:

\$

Heating oil:

\$

Security deposit on rental unit:

\$

Prepaid rent:

\$

Telephone:

\$

Water:

\$

Rented furniture:

\$

Other:

\$

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes

Issuer name and description:

\$

\$

\$

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\$ _____

\$ _____

\$ _____

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☐ No

☒ Yes. Give specific information about them....

Trustee and secondary beneficiary of Gloria Mowbray Separate Property Trust (Special Needs Trust for John Mowbray).

unknown negative equity due to tax balance with IRS for ~\$8MM + interests and penalties

\$ _____

The Trust holds 2 residential properties (and 2 more in probate in the process of being added to the Trust and 49% of Mowbray Waterman Ppty LLC

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them....

\$ _____

27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them....

\$ _____

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ _____

State: \$ _____

Local: \$ _____

29. **Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

Alimony: \$ _____

Maintenance: \$ _____

Support: \$ _____

Divorce settlement: \$ _____

Property settlement: \$ _____

30. **Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information.....

\$ _____

31. **Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

New York Life (Robin Life Insurance)

Isaac & Noah Mowbray

\$ 0.00

\$ _____

\$ _____

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☐ No

☐ Yes. Give specific information.....

\$ _____

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.

\$ _____

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.

\$ _____

35. **Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information.....

\$ _____

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →

\$ 187,725.60

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.37. **Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. **Accounts receivable or commissions you already earned**

☒ No

☐ Yes. Describe.....

\$ _____

39. **Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No

☐ Yes. Describe.....

\$ _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No
☐ Yes. Describe \$

41. Inventory

☒ No
☐ Yes. Describe \$

42. Interests in partnerships or joint ventures

☒ No
☐ Yes. Describe Name of entity: % of ownership:
 _____ % \$
 _____ % \$
 _____ % \$

43. Customer lists, mailing lists, or other compilations

☒ No
☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
☐ No
☐ Yes. Describe \$

44. Any business-related property you did not already list

☒ No
☐ Yes. Give specific information \$
 _____ \$
 _____ \$
 _____ \$
 _____ \$
 _____ \$
 _____ \$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here → \$ 0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No
☐ Yes \$

Debtor 1

Robin

Elaine

Main Document

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Case number (if known)

8:25-bk-10543-TA

First Name

Middle Name

Last Name

48. Crops—either growing or harvested

☒ No☐ Yes. Give specific information.

\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No☐ Yes

\$ _____

50. Farm and fishing supplies, chemicals, and feed

☒ No☐ Yes

\$ _____

51. Any farm- and commercial fishing-related property you did not already list

☒ No☐ Yes. Give specific information.

\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$ 0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No☐ Yes. Give specific information.

\$ _____

\$ _____

\$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$ _____

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2



\$ 286,000.00

56. Part 2: Total vehicles, line 5

\$ 40,000.00

57. Part 3: Total personal and household items, line 15

\$ 4,500.00

58. Part 4: Total financial assets, line 36

\$ 187,725.60

59. Part 5: Total business-related property, line 45

\$ _____

60. Part 6: Total farm- and fishing-related property, line 52

\$ _____

61. Part 7: Total other property not listed, line 54

+ \$ _____

62. Total personal property. Add lines 56 through 61.

\$ 232,225.60

Copy personal property total →

+ \$ 232,225.60

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$ 518,225.60

Fill in this information to identify your case:

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number 8:25-bk-10543- TA
(If known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>34086 Ave H.Yucaip</u> Line from <i>Schedule A/B</i> : <u>1.1</u>	\$ <u>286,000.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.730 _____
Brief description: <u>Tesla</u> Line from <i>Schedule A/B</i> : <u>3.1</u>	\$ <u>40,000.00</u>	<input checked="" type="checkbox"/> \$ <u>7,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.010 _____
Brief description: <u>Household goods</u> Line from <i>Schedule A/B</i> : <u>6</u>	\$ <u>1,000.00</u>	<input checked="" type="checkbox"/> \$ <u>1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.020 _____

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☐ No
☒ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☒ No
☐ Yes

Debtor 1

Robin
First NameElaine
Middle NameMowbray
Last Name

Main Document

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Case number (if known)

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: <u>Electronics</u> Line from Schedule A/B: <u>7</u>	\$ <u>1,500.00</u>	<input checked="" type="checkbox"/> \$ <u>1,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.020
Brief description: <u>Clothing</u> Line from Schedule A/B: <u>11</u>	\$ <u>1,000.00</u>	<input checked="" type="checkbox"/> \$ <u>1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.020
Brief description: <u>Costume jewelry</u> Line from Schedule A/B: <u>12</u>	\$ <u>1,000.00</u>	<input checked="" type="checkbox"/> \$ <u>1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.020
Brief description: <u>Deposits of money</u> Line from Schedule A/B: <u>17</u>	\$ <u>21,880.00</u>	<input checked="" type="checkbox"/> \$ <u>21,880.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.220
Brief description: <u>Retirement Account</u> Line from Schedule A/B: _____	\$ <u>189,346.00</u>	<input checked="" type="checkbox"/> \$ <u>189,346.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.115(a)(1) & (2), (b)
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

Fill in this information to identify your case:

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number 8:25-bk-10543-TA
(If known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---	--	---

<p>2.1 Banner Bank HELOC</p> <p>Creditor's Name <u>368 East Vanderbilt Way</u> Number Street</p> <p><u>San Bernardino, CA 90240</u> City State ZIP Code</p> <p>Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>09/30/2024</u></p>	<p>Describe the property that secures the claim: <u>34086 Avenue H, Yucaipa, CA 92399</u></p> <p>As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>HELOC</u></p> <p>Last 4 digits of account number <u>1 1 4 5</u></p>	<p>\$ <u>0.00</u> \$ <u> </u> \$ <u> </u></p>
<p>2.2 Gloria Mowbray Property Trust</p> <p>Creditor's Name <u>960 Sunset Hill Ln.</u> Number Street</p> <p><u>Redlands CA 92373</u> City State ZIP Code</p> <p>Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u> </u></p>	<p>Describe the property that secures the claim: <u>Loan for stock purchase secured by stock in The Original Mowbrays Tree Svc, Inc.</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <u> </u></p> <p>Last 4 digits of account number <u> </u></p>	<p>\$ <u>22,793,934.42</u> \$ <u>Unknown</u> \$ <u> </u></p>

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 22,793,934.42

Debtor 1

Robin

Elaine

Mowbray

First Name

Middle Name

Last Name

Case number (if known)

8:25-bk-10543-TA

Part 1:**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Column C

Unsecured portion If any**2.3****JPMorgan Chase Bank N.A.****Describe the property that secures the claim:**

\$ Unknown

\$ Unknown

\$

Creditor's Name

P.O. BOX 6026

Number Street

IL1-1145

CHICAGO, IL 606

City State ZIP Code

All Accounts, Chattel Paper, Deposit Accounts and other payment obligations of a financial institution (including the Secured Party), Documents, Equipment, General Intangibles, Instruments, Inventory, Investment Property and Letter of Credit Rights of Debtor, now owned or in which the Debtor has rights or hereafter acquired, together with all books and other records of Debtor relating to the Collateral and all cash and noncash Proceeds (as such terms are defined in the UCC and as such terms may be further defined in a security agreement or other agreement between Debtor and Secured Party).

As of the date you file, the claim is: Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed**Nature of lien.** Check all that apply.☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset) Unknown**Who owes the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim relates to a community debt**Date debt was incurred UnknownLast 4 digits of account number Unknown**Describe the property that secures the claim:**

\$ \$ \$

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Nature of lien.** Check all that apply.☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset) _____**Who owes the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim relates to a community debt**

Date debt was incurred _____

Last 4 digits of account number _____

Describe the property that secures the claim:

\$ \$ \$

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Nature of lien.** Check all that apply.☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset) _____**Who owes the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim relates to a community debt**

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here:

\$

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$ 22,793,934.42

Fill in this information to identify your case:

Debtor 1	Robin Elaine Mowbray		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Central District of California			
Case number (If known)	8:25-bk-10543-TA		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Internal Revenue Service			
	Priority Creditor's Name	Last 4 digits of account number _____ \$ 0 \$ _____ \$ _____		
	P.O. Box 7346	When was the debt incurred? _____		
	Number _____ Street _____	As of the date you file, the claim is: Check all that apply.		
	Philadelphia, PA 19101-7346	<input type="checkbox"/> Contingent		
	City _____ State _____ ZIP Code _____	<input type="checkbox"/> Unliquidated		
	Who incurred the debt? Check one.	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> Debtor 1 only	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Domestic support obligations		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Taxes and certain other debts you owe the government		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Other. Specify _____ For Notice Purposes Only		
	Is the claim subject to offset?			
	<input type="checkbox"/> No			
	<input type="checkbox"/> Yes			
2.2	San Bernardino Tax Collector			
	Priority Creditor's Name	Last 4 digits of account number _____ \$ 0 \$ _____ \$ _____		
	268 W. Hospitality Lane, 1st Floor	When was the debt incurred? _____		
	Number _____ Street _____	As of the date you file, the claim is: Check all that apply.		
	San Bernardino, CA 92415	<input type="checkbox"/> Contingent		
	City _____ State _____ ZIP Code _____	<input type="checkbox"/> Unliquidated		
	Who incurred the debt? Check one.	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> Debtor 1 only	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Domestic support obligations		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Taxes and certain other debts you owe the government		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Other. Specify _____ For Notice Purposes Only		
	Is the claim subject to offset?			
	<input type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☐ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<p>Acrisure SouthWest Region</p> <p>Nonpriority Creditor's Name 27174 Newport Rd. Ste 3</p> <p>Number Street Menifee, CA 92584</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$ 0</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other, Specify <u>For Notice Purposes Only</u></p>
4.2	<p>American Express 7004 (Personal)</p> <p>Nonpriority Creditor's Name PO Box 96001</p> <p>Number Street Los Angeles, CA 90096</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7 0 0 4</u> \$ 23,923.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other, Specify <u>Credit Card</u></p>
4.3	<p>American Express Business CC</p> <p>Nonpriority Creditor's Name PO Box 96001</p> <p>Number Street Los Angeles, CA 90096</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$ 0</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other, Specify <u>For Notice Purposes Only</u> <u>Possible guarantee on Mowbray Tree Service, Inc Card</u></p>

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

Antonio Mariano

Nonpriority Creditor's Name

606 W RAMONA DR.

Number Street

Rialto, CA 92376

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number _____

\$ 0

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify For Notice Purposes Only

4.5

Bank of the Sierra

Nonpriority Creditor's Name

PO Box 1930

Number Street

Porterville, CA 93258

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 2 0 0 1

\$ 2,626,470.30

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☒ Contingent

☐ Unliquidated

☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Guaranty of Secured Loan to Mowbray Waterman Property, LLC for 686 E Mill St San Bernardino CA 92408

4.6

Best Buy

Nonpriority Creditor's Name

PO Box 790441

Number Street

St. Louis, MO 63179

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 0 6 7 2

\$ 173.34

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Credit Card

Debtor 1

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7

CKB Vienna LLP

Nonpriority Creditor's Name

9531 Pittsburgh Ave

Number Street

Rancho Cucamonga, CA 91730

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number _____

\$ 0

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify For Notice Purposes Only

4.8

City of Redlands

Nonpriority Creditor's Name

PO Box 6903

Number Street

Redlands, CA 92375

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 8 3 0 2

\$ 0

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify For Notice Purposes Only

4.9

Concra Credit

Nonpriority Creditor's Name

P.O. Box 96541

Number Street

Charlotte, NE 28296

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$ 7,650.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Credit Card

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.0

Capital One (Personal)

Nonpriority Creditor's Name

P.O. Box 60519

Number Street

City of Industry, CA 91716

City State ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$ **5,223.15**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Credit Card

5.1

Elkins, Kalt, Weintraub, Reuben, Gartside LLP

Nonpriority Creditor's Name

10345 W. Olympic Blvd.

Number Street

Los Angeles, CA 90064

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number _____

\$ **0**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Insolvency Attorney/For Notice Purposes Only

5.2

Fullerton, Leemann, Schaefer & Dominick

Nonpriority Creditor's Name

P.O. Box 1271

Number Street

San Bernardino, CA 92402

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number _____

\$ **0**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify General Counsel/For Notice Purposes Only

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.3

Gloria Mowbray Separate Prop Trust

Nonpriority Creditor's Name

960 Sunset Hill Ln.

Number Street

Redlands, CA 92373

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number _____

\$ **0**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify For Notice Purposes Only

5.4

Lane Bryant (Personal)

Nonpriority Creditor's Name

P.O. Box 650972

Number Street

Dallas, TX 75265

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$ **697.87**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Credit Card

5.5

Macy's American Express

Nonpriority Creditor's Name

P.O. Box 96001

Number Street

Los Angeles, CA 90096

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$ **1,903.36**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Credit Card

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.6

Mowbray Waterman Property, LLC

Nonpriority Creditor's Name

686 E. Mill Street, 2nd Floor

Number Street

San Bernardino, CA 92408

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _ _ _ _

\$ **0**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify For Notice Purposes Only

5.7

Moreno Beach Pool

Nonpriority Creditor's Name

P.O. Box 303

Number Street

Moreno Valley, CA 92556

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _ _ _ _

\$ **0**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Residential Pool Maintenance/For Notice Purposes Only

5.8

New York Life

Nonpriority Creditor's Name

P.O. Box 6916

Number Street

Cleveland, OH 44202

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _ _ _ _

\$ **0**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Life Insurance/Notice Purposes Only

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.9

PNC Bank, N.A.

Nonpriority Creditor's Name

P.O. Box 747046

Number Street

Pittsburgh, PA 5274-7046

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☐ No☐ Yes

Last 4 digits of account number _____

\$ **7,038,514.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.☒ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Personal Guarantee for Original Mowbray's Tree Service Line of Credit

6.0

PNC Visa

Nonpriority Creditor's Name

P.O. Box 828702

Number Street

Philadelphia, CA 19182-8702

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☐ No☐ YesLast 4 digits of account number 1 1 7 5\$ **0**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify For Notice Purposes Only

Possible Guarantor on Credit Card ending 1175 for MTS

6.1

Planet Fitness

Nonpriority Creditor's Name

2446 S Vineyard Ave.

Number Street

Ontario, CA 591761

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☐ No☐ Yes

Last 4 digits of account number _____

\$ **0**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.☐ Contingent☐ Unliquidated☒ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify For Notice Purposes Only

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

6.2

Planet Fitness

Nonpriority Creditor's Name

1670 E. 4th St.

Number Street

Ontario, CA 91764

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number _____

\$ 0

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify For Notice Purposes Only

6.3

Ronnie D. Jordan

Nonpriority Creditor's Name

2331 West Lincoln Avenue

Number Street

Anaheim, CA 92801

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number _____

\$ Unknown

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify Lawsuit/Wrongful Termination/ CIVSB2201281

6.4

Saks First

Nonpriority Creditor's Name

PO Box 182436

Number Street

Columbus, OH 43218

City State ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 6 8 5 6

\$ 2,827.04

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Credit Card

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

6.5

Southern California Edison

Nonpriority Creditor's Name

P.O. Box 828702

Number Street

Rosemead, CA 91771

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number 6 0 4 6

\$ 0

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify For Notice Purposes Only

6.6

SoCalGas

Nonpriority Creditor's Name

P.O. Box C

Number Street

Monterey Park, CA 91756

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number 8 3 4 5

\$ 0

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify For Notice Purposes Only

6.7

Soren McAdam LLP

Nonpriority Creditor's Name

2068 Orange Tree Ln #100

Number Street

Redlands, CA 92374

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

\$ 0

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CPA Firm/For Notice Purposes Only

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

6.8

Synchrony Bank (Personal)

Nonpriority Creditor's Name

P.O. Box 71724

Number Street

Philadelphia, PA 19176

City State ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$ **4,582.40**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Credit Card

6.9

Target (Personal)

Nonpriority Creditor's Name

P.O. Box 71724

Number Street

Philadelphia, PA 19176

City State ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 1 6 0 8

\$ **6,011.37**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Credit Card

7.0

The Original Mowbray's Tree Service, Inc.,

Nonpriority Creditor's Name

271 California Ave. Suite 270

Number Street

Irvine, CA 92617

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number _____

\$ **0**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify For Notice Purposes Only

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

7.1

Visa Platinum 0164 (Personal)

Nonpriority Creditor's Name

1425 Lugonia Ave

Number Street

Redlands, CA 92374

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$ **\$3,159.14**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Credit Card

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify _____

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claim**Total claims from Part 1**

6a. Domestic support obligations

6a. \$ 0

6b. Taxes and certain other debts you owe the government

6b. \$ 0

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ 0

6e. Total. Add lines 6a through 6d.

6e. \$ 0

Total claim**Total claims from Part 2**

6f. Student loans

6f. \$ 0

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 9,721,135.00

6j. Total. Add lines 6f through 6i.

6j. \$ 9,721,135.00

Fill in this information to identify your case:

Debtor Robin Elaine Mowbray
First Name Middle Name Last Name

Debtor 2
(Spouse If filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number 8:25-bk-10543-TA
(If known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<u>Gloria Mowbray Separate Prop Trust</u> Name <u>960 Sunset Hill Ln.</u> Number Street <u>Redlands</u> <u>CA</u> <u>92373</u> City State ZIP Code	Residential Lease
2.2	<u>Mowbray Waterman Property, LLC</u> Name <u>686 E. Mill Street, 2nd Floor</u> Number Street <u>San Bernardino</u> <u>CA</u> <u>92408</u> City State ZIP Code	Management Agreement
2.3	<u>New York Life</u> Name <u>P.O. Box 6916</u> Number Street <u>Cleveland</u> <u>OH</u> <u>44202</u> City State ZIP Code	Life Insurance on Robin Mowbray
2.4	 Name Number Street City State ZIP Code	
2.5	 Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number 8:25-bk-10543-TA
(If known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☐ No
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☐ No
☐ Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

- | | | |
|-----|---|---|
| 3.1 | <u>Randal Mowbray</u>
Name
<u>34086 Avenue H</u>
Number Street
<u>Yucaipa</u> <u>CA</u> <u>92399</u>
City State ZIP Code | <input checked="" type="checkbox"/> Schedule D, line <u>2.1</u>
<input type="checkbox"/> Schedule E/F, line _____
<input type="checkbox"/> Schedule G, line _____ |
| 3.2 | <u>Mowbray Waterman Property, LLC</u>
Name
<u>686 E. Mill Street, 2nd Floor</u>
Number Street
<u>San Bernardino</u> <u>CA</u> <u>92408</u>
City State ZIP Code | <input type="checkbox"/> Schedule D, line _____
<input checked="" type="checkbox"/> Schedule E/F, line <u>4.4</u>
<input type="checkbox"/> Schedule G, line _____ |
| 3.3 | <u>The Original Mowbray's Tree Service, Inc., Brian Weiss, CRO</u>
Name
<u>c/o Force Ten Partners, LLC, 5271 California Ave. Suite 270</u>
Number Street
<u>Irvine,</u> <u>CA</u> <u>92617</u>
City State ZIP Code | <input type="checkbox"/> Schedule D, line _____
<input checked="" type="checkbox"/> Schedule E/F, line <u>4.4</u>
<input type="checkbox"/> Schedule G, line _____ |

Debtor 1

Robin

First Name

Elaine

Middle Name

Mowbray

Last Name

Case number (if known)

8:25-bk-10543-TA

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3._

The Original Mowbray's Tree Service, Inc., Brian Weiss, CRO

Name

c/o Force Ten Partners, LLC, 5271 California Ave. Suite 270

Number Street

Irvine

CA

92617

City

State

ZIP Code

☐ Schedule D, line _____☒ Schedule E/F, line 5.3☐ Schedule G, line _____

3._

Mowbray Waterman Property, LLC

Name

686 E. Mill Street, 2nd Floor

Number Street

San Bernardino

CA

92408

City

State

ZIP Code

☐ Schedule D, line _____☒ Schedule E/F, line 5.3☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number 8:25-bk-10543-TA
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
☐ Not employed

- ☐ Employed
☐ Not employed

Occupation

Owner/Chairwoman and Secr.

Employer's name

Original Mowbray's Tree Srv, Inc.

Employer's address

686 E. Mill Street

Number Street

2nd Floor

SanBernardino CA 92415

City State ZIP Code

How long employed there? 30 years

Number Street

City State ZIP Code

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 8,333.17 \$ _____

3. Estimate and list monthly overtime pay.

3. + \$ 0.00 + \$ _____

4. Calculate gross income. Add line 2 + line 3.

4. \$ 8,333.17

\$ _____

Debtor 1

Robin
First NameElaine
Middle NameMowbray
Last Name

Case number (if known)

8:25-bk-10543-TA

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here..... → 4.	\$ 8,333.17	\$	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 476.92	\$	
5b. Mandatory contributions for retirement plans	5b. \$ 111.52	\$	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$	
5e. Insurance	5e. \$ 0.00	\$	
5f. Domestic support obligations	5f. \$ 0.00	\$	
5g. Union dues	5g. \$ 0.00	\$	
5h. Other deductions. Specify: _____	5h. + \$ 0.00 +	\$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 588.44	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 7,744.73	\$	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$	
8b. Interest and dividends	8b. \$ 0.00	\$	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$	
8d. Unemployment compensation	8d. \$ 0.00	\$	
8e. Social Security	8e. \$ 0.00	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$	
8g. Pension or retirement income	8g. \$ 0.00	\$	
8h. Other monthly income. Specify: <u>Management Agreement</u>	8h. + \$ 8,000.00 +	\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 8,000.00	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 15,744.73 +	\$ = \$	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			11. + \$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. \$ 15,744.73	Combined monthly income	
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____			

Fill in this information to identify your case:

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number 8:25-bk-10543-TA
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ No

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☐ No

☒ Yes (Grown children live at home and cover other regular expenses not listed herein)

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 3,900.00

If not included in line 4:

4a. Real estate taxes 4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance 4b. \$ 340.00

4c. Home maintenance, repair, and upkeep expenses 4c. \$ 750.00

4d. Homeowner's association or condominium dues 4d. \$ 0.00

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Case number (if known) 8:25-bk-10543-TA

	Your expenses
5. Additional mortgage payments for your residence , such as home equity loans	5. \$ <u>0.00</u>
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>1,000.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>1,000.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>0.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>1,760.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>0.00</u>
10. Personal care products and services	10. \$ <u>760.00</u>
11. Medical and dental expenses	11. \$ <u>0.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>0.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>70.00</u>
14. Charitable contributions and religious donations	14. \$ <u>100.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>70.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>0.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: <u>Legal Expenses</u>	17d. \$ <u>4,000.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>300.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Case number (if known) 8:25-bk-10543-TA

21. Other. Specify: _____

21. +\$ 0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 14,050.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 14,050.00

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 14,744.73

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 14,050.00

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ 694.73

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1	Robin	Elaine	Mowbray
	First Name	Middle Name	Last Name

Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: Central District of California

Case number 8:25-bk-10543-TA
(If known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

**Dates Debtor 1
lived there**

Debtor 2:

Dates Debtor 2 lived there

 Same as Debtor 1

 Same as Debtor 1

960 Sunset Hill Ln.

Number	Street
--------	--------

From	2020
To	Current

Number	Street
--------	--------

From _____

To _____

Redlands CA 92373

City	State	ZIP Code
------	-------	----------

City _____ State _____ ZIP Code _____

☐ Same as Debtor 1

 Same as Debtor 1

Number	Street
--------	--------

From _____
To _____

Number	Street
--------	--------

From _____
To _____

City

State

ZIP Code

City	State	ZIP Code
------	-------	----------

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No
- ☒ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Case number (if known) 8:25-bk-10543-TA

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ <u>13,461.28</u> (1923.04 x 7 weeks)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For last calendar year: (January 1 to December 31, <u>2024</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ <u>100,498.47</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For the calendar year before that: (January 1 to December 31, <u>2023</u>) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ <u>1,398,692.83</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<u>Mngment Agrmt</u>	\$ <u>36,000.00</u>		\$ _____
	<u>w/ Mobrays Wtr</u>	\$ _____		\$ _____
	<u>Property, LLC</u>	\$ _____		\$ _____
For last calendar year: (January 1 to December 31, <u>2024</u>) YYYY	<u>Gloria Life Insr.</u>	\$ <u>9,600.00</u>		\$ _____
	<u>Gloria 401K/IRA</u>	\$ <u>41,001.87</u>		\$ _____
		\$ _____		\$ _____
For the calendar year before that: (January 1 to December 31, <u>2023</u>) YYYY	<u>N/A</u>	\$ _____		\$ _____
		\$ _____		\$ _____
		\$ _____		\$ _____

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Case number (if known) 8:25-bk-10543-TA

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ No. Go to line 7.

- ☒ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Gloria Mowbray Sep.Trust <small>Creditor's Name</small>		\$ 6,300.00	\$ 0.00	<input type="checkbox"/> Mortgage
960 Sunset Hill Ln. <small>Number Street</small>		(\$900 weekly since 1/1/ 2025)		<input type="checkbox"/> Car
Redlands CA 92373 <small>City State ZIP Code</small>				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input checked="" type="checkbox"/> Other <u>Rent</u>
Elkins Kalt Weintraub Reuben Gartside LLP <small>Creditor's Name</small>	12/2024-2/2025	\$ 52,127.00		<input type="checkbox"/> Mortgage
10345 W. Olympic Boulevard <small>Number Street</small>				<input type="checkbox"/> Car
Los Angeles CA 90064 <small>City State ZIP Code</small>				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input checked="" type="checkbox"/> Other <u>legal srvs</u>
 <small>Creditor's Name</small>		\$	\$	<input type="checkbox"/> Mortgage
 <small>Number Street</small>				<input type="checkbox"/> Car
 <small>City State ZIP Code</small>				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Case number (if known) 8:25-bk-10543-TA

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
<u>Gloria Mowbray Separate Trust</u> Insider's Name		\$ <u>6,300.00</u>	\$ <u>0.00</u>	Weekly rent of \$900 a week starting January 2025.
<u>960 Sunset Hill Ln.</u> Number Street				
<u>Redlands</u> <u>CA</u> <u>92373</u> City State ZIP Code				
		\$ _____	\$ _____	
<u>Insider's Name</u>				
<u>Number Street</u>				
<u>City State ZIP Code</u>				

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☐ No
☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
<u>Randal Mowbray</u> Insider's Name	<u>12/12/2024</u>	\$ <u>3,461.82</u>	\$ _____	San Bernardino Tax Collector Property tax (on co-owned house) Yucaipa Property
<u>Number Street</u>				
<u>City State ZIP Code</u>				
		\$ _____	\$ _____	
<u>Insider's Name</u>				
<u>Number Street</u>				
<u>City State ZIP Code</u>				

Case number (if known) 8:25-bk-10543-TA

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Case number (if known) 8:25-bk-10543-TA

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Creditor's Name	Describe the action the creditor took	Date action was taken	Amount
Number Street City State ZIP Code			\$
Last 4 digits of account number: XXXX- _ _ _ _			

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you			\$
			\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you			\$
			\$

Last Name

Mowbray

Case number (if known) _____

page 7

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Case number (if known) 8:25-bk-10543-TA

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Email or website address _____ Person Who Made the Payment, if Not You _____	_____ _____	\$ _____ \$ _____

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____	\$ _____ \$ _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
☒ Yes. Fill in the details.

The Original Mowbray's Tree

Person Who Received Transfer

Service Inc.

Number _____ Street _____

City _____ State _____ ZIP Code _____

Person's relationship to you _____

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
\$3,967,245.84	Robin's tax refund from IRS was deposited into MTS operating account to help with cash issues. This is a loan to MTS, but it was not formalized.	<u>08/23/2023</u>

The Original Mowbray's Tree

Person Who Received Transfer

Service Inc.

Number _____ Street _____

City _____ State _____ ZIP Code _____

Person's relationship to you _____

\$1,868,882.00	Robins state tax refund was deposited into MTS operating account to help with cash issues. This is a loan to MTS, but it was not formalized.	<u>05/31/2023</u>
----------------	--	-------------------

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Case number (if known) 8:25-bk-10543-TA

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____ _____	_____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
_____ Number Street _____ City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	_____	\$_____
_____ Number Street _____ City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	_____	\$_____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution _____ Number Street _____ City State ZIP Code _____	Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Case number (if known) 8:25-bk-10543-TA

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility	Name		<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street		
	CityState ZIP Code		
City State ZIP Code			

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name		\$ _____
Number Street		
City State ZIP Code		

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site		_____
Number Street		
City State ZIP Code		

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Case number (if known) 8:25-bk-10543-TA

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Court Name		
Number Street		
Case number		
City State ZIP Code		

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☒ An officer, director, or managing executive of a corporation
☒ An owner of at least 5% of the voting or equity securities of a corporation

- ☐ No. None of the above applies. Go to Part 12.
☐ Yes. Check all that apply above and fill in the details below for each business.

The Original Mowbray's Tree Business Name <hr/> Service Inc. Number Street <hr/> 686 E Mill St. <hr/> San Bernardino CA 92408 City State ZIP Code	Describe the nature of the business <hr/> Vegetation Management, 100% Owner <hr/> Name of accountant or bookkeeper <hr/> Soren McAdam LLP	Employer Identification number Do not include Social Security number or ITIN. EIN: <u>7</u> <u>1</u> - <u>0</u> <u>8</u> <u>7</u> <u>3</u> <u>0</u> <u>4</u> <u>1</u> <hr/> Dates business existed From _____ To _____
Phoenix Traffic Management Business Name <hr/> Inc. Number Street <hr/> 686 E Mill St. <hr/> San Bernardino CA 92408 City State ZIP Code	Describe the nature of the business <hr/> Traffic Management, 100% Owner <hr/> Name of accountant or bookkeeper <hr/> Soren McAdam LLP	Employer Identification number Do not include Social Security number or ITIN. EIN: <u>8</u> <u>6</u> - <u>3</u> <u>0</u> <u>5</u> <u>5</u> <u>2</u> <u>6</u> <u>1</u> <hr/> Dates business existed From _____ To _____

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Case number (if known) 8:25-bk-10543-TA

Mowbray Waterman Property

Business Name

LLC

Number Street

686 E. Mill St.

San Bernardino CA 92408

City State ZIP Code

Describe the nature of the business

Real State Rentals Commercial Prop.

Name of accountant or bookkeeper

Soren McAdam LLP

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 8 2 -2 4 2 6 2 2 9

Dates business existed

From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☐ No

☒ Yes. Fill in the details below.

PNC Bank, N.A.
Commercial Lending Operations
P.O. Box 747046
Pittsburgh, PA 15274-7046

Date issued

Unknown
MM / DD / YYYY

Bank of the Sierra
Elliott Miller
PO Box 1930
Porterville, CA 93258

Unknown

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Robin E. Mowbray
x

Signature of Debtor 1

x _____
Signature of Debtor 2

Date 03/05/2025

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>Robin</u>	<u>Elaine</u>	<u>Mowbray</u>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Central District of California</u>			
Case number	<u>8:25-bk-10543-TA</u>		
(If known)			

☐ Check if this is an amended filing

Official Form 122B

Chapter 11 Statement of Your Current Monthly Income

12/21

You must file this form if you are an individual and are filing for bankruptcy under Chapter 11 (other than under Subchapter V). If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you.** Fill out Column A, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2
--	----------------------	----------------------

- | | | |
|--|--------------------|----------------|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$ <u>8,333.33</u> | \$ _____ |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | \$ <u>0.00</u> | \$ _____ |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | \$ <u>0.00</u> | \$ _____ |
| 5. Net income from operating a business, profession, or farm | | |
| | Debtor 1 | Debtor 2 |
| Gross receipts (before all deductions) | \$ _____ | \$ _____ |
| Ordinary and necessary operating expenses | — \$ _____ | — \$ _____ |
| Net monthly income from a business, profession, or farm | \$ <u>0.00</u> | \$ _____ |
| | | Copy here → |
| | \$ _____ | \$ <u>0.00</u> |
| 6. Net income from rental and other real property | | |
| | Debtor 1 | Debtor 2 |
| Gross receipts (before all deductions) | \$ _____ | \$ _____ |
| Ordinary and necessary operating expenses | — \$ _____ | — \$ _____ |
| Net monthly income from rental or other real property | \$ <u>0.00</u> | \$ _____ |
| | | Copy here → |
| | \$ _____ | \$ <u>0.00</u> |

Debtor 1 Robin Elaine Mowbray
First Name Middle Name Last Name

Case number (if known) 8:25-bk-10543-TA

	Column A Debtor 1	Column B Debtor 2
7. Interest, dividends, and royalties	\$ <u>0.00</u>	\$ _____
8. Unemployment compensation	\$ <u>0.00</u>	\$ _____
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:..... ↓		
For you	\$ _____	
For your spouse.....	\$ _____	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$ <u>0.00</u>	\$ _____
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.		
<u>Management Agrmt w/ MWP LLC</u>	\$ <u>8,000.00</u>	\$ _____
_____	\$ <u>0.00</u>	\$ _____
Total amounts from separate pages, if any.	+ \$ <u>0.00</u>	+ \$ _____
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <u>16,333.33</u>	\$ <u>0.00</u>
	+	=
	\$ <u>16,333.33</u>	\$ <u>16,333.33</u>
	Total current monthly income	

Part 2: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

x Robin E. Mowbray

Signature of Debtor 1

x _____

Signature of Debtor 2

Date 03/05/2025
MM / DD / YYYY

Date _____
MM / DD / YYYY

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address ELKINS KALT WEINTRAUB REUBEN GARTSIDE LLP ROYE ZUR, State Bar No. 273875 rzur@elkinskalt.com LAUREN N. GANS, State Bar No. 247542 lgans@elkinskalt.com 10345 W. Olympic Blvd. Los Angeles, California 90064 Telephone: 310.746.4400 Facsimile: 310.746.4499 <input type="checkbox"/> Debtor(s) appearing without an attorney <input type="checkbox"/> Attorney for Debtor(s)	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA DIVISION	
In re: Robin Mowbray	CASE NO.: 8:25-bk-10543-TA CHAPTER: 11
	DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)]
	[No hearing required]
Debtor(s).	

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☐ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

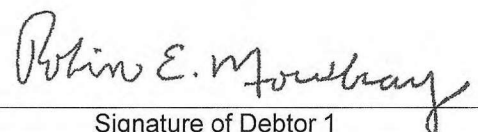
During the 60-day period before the Petition Date (*Check only ONE box below*):

☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (*If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.*)

☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 03/05/2025

Robin E Mowbray
Printed name of Debtor 1


Signature of Debtor 1

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

Earnings Statement

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Main Document Page 56 of 66

MOWBRAY, ROBIN E

Company: OTX10 - ORIGINAL MOWBRAYS TREE
SERVICE INC

Pay Date: 02/14/2025
Period Start: 02/02/2025
Period End: 02/08/2025

DBA: THE ORIGINAL MOWBRAYS TREE SERVICE, INC.
686 E MILL ST 2ND FLOOR
SAN BERNARDINO CA 92408 (909) 569-2654

Emp #: 1013
Dept: 000003 - Admin
Pay Basis: Salary

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Regular	48.08	40.00	1923.04	12692.06
Holiday	48.08	0.00	0.00	769.22

Gross **40.00** **1923.04** **13461.28**

W/H Taxes

Federal W/H(M)	123.51	864.57
Medicare	27.89	195.19
Social Security	119.23	834.60
California State W/H(M/3)	43.22	302.54
CaliforniaSDI Tax	23.08	161.54

Deductions

CELL PHONE	0.00	-20.00
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Net Pay **1586.11** **11122.84**

Voucher No. 41056DD

Net Pay Distribution

Direct Deposit Net Check	686.11	4822.84
Direct Dep. Distribution 1	900.00	6300.00

Employee Benefits, Allowances, and Other

	Current Period	Year To Date	YTD Taken	Available
Sick Time Hours	0.00	80.00	0.00	80.00
Vacation Hours	2.31	168.51	0.00	168.51

Voucher No. 41056DD

THE ORIGINAL MOWBRAYS TREE SERVICE, INC.
686 E Mill St 2nd Floor

DATE: 02/14/2025

Dept: 000003

Net Pay:

1586.11

One Thousand Five Hundred Eighty Six And 11/100 Dollars

MOWBRAY, ROBIN E
12706 HIGHVIEW LANE
REDLANDS, CA 92373

For Record Purposes Only
****NON-NEGOTIABLE****

Company: OTX10 - ORIGINAL MOWBRAYS TREE SERVICE INC

Pay Date: 02/07/2025 DBA: THE ORIGINAL MOWBRAYS TREE SERVICE, INC. Emp #: 1013
Period Start: 01/26/2025 686 E MILL ST 2ND FLOOR Dept: 000003 - Admin
Period End: 02/01/2025 SAN BERNARDINO CA 92408 (909) 569-2654 Pay Basis: Salary

	Rate	Hours/Units	Current Period	Year To Date	
Earnings					
Regular	48.08	40.00	1923.04	10769.02	
Holiday	48.08	0.00	0.00	769.22	
Gross		40.00	1923.04	11538.24	
W/H Taxes					
Federal W/H(M)			123.51	741.06	
Medicare			27.88	167.30	
Social Security			119.23	715.37	
California State W/H(M/3)			43.22	259.32	
CaliforniaSDI Tax			23.08	138.46	
Deductions					
CELL PHONE			-10.00	-20.00	
Net Pay			1596.12	9536.73	Voucher No. 40970DD
Net Pay Distribution					
Direct Deposit Net Check			696.12	4136.73	
Direct Dep. Distribution 1			900.00	5400.00	
Employee Benefits, Allowances, and Other					
			Current Period	Year To Date	YTD Taken Available
Sick Time Hours			0.00	80.00	0.00 80.00
Vacation Hours			2.31	166.20	0.00 166.20

Voucher No. 40970DD

THE ORIGINAL MOWBRAYS TREE SERVICE, INC.
686 E Mill St 2nd Floor

DATE: 02/07/2025

Dept: 000003

Net Pay: 1596.12

One Thousand Five Hundred Ninety Six And 12/100 Dollars

MOWBRAY, ROBIN E
12706 HIGHVIEW LANE
REDLANDS, CA 92373

For Record Purposes Only
NON-NEGOTIABLE

Company: OTX10 - ORIGINAL MOWBRAYS TREE SERVICE INC

Pay Date: 01/31/2025 DBA: THE ORIGINAL MOWBRAYS TREE SERVICE, INC. Emp #: 1013
Period Start: 01/19/2025 686 E MILL ST 2ND FLOOR Dept: 000003 - Admin
Period End: 01/25/2025 SAN BERNARDINO CA 92408 (909) 569-2654 Pay Basis: Salary

	Rate	Hours/Units	Current Period	Year To Date	
Earnings					
Regular	48.08	40.00	1923.04	8845.98	
Holiday	48.08	0.00	0.00	769.22	
Gross		40.00	1923.04	9615.20	
W/H Taxes					
Federal W/H(M)			123.51	617.55	
Medicare			27.88	139.42	
Social Security			119.23	596.14	
California State W/H(M/3)			43.22	216.10	
CaliforniaSDI Tax			23.07	115.38	
Deductions					
CELL PHONE			0.00	-10.00	
Net Pay			1586.13	7940.61	Voucher No. 40877DD
Net Pay Distribution					
Direct Deposit Net Check			686.13	3440.61	
Direct Dep. Distribution 1			900.00	4500.00	
Employee Benefits, Allowances, and Other					
			Current Period	Year To Date	YTD Taken Available
Sick Time Hours			0.00	80.00	0.00 80.00
Vacation Hours			2.31	163.89	0.00 163.89

Voucher No. 40877DD

THE ORIGINAL MOWBRAYS TREE SERVICE, INC.
686 E Mill St 2nd Floor

DATE: 01/31/2025

Dept: 000003

Net Pay:

1586.13

One Thousand Five Hundred Eighty Six And 13/100 Dollars

MOWBRAY, ROBIN E
12706 HIGHVIEW LANE
REDLANDS, CA 92373

For Record Purposes Only
NON-NEGOTIABLE

Company: OTX10 - ORIGINAL MOWBRAYS TREE SERVICE INC

Pay Date: 01/24/2025 DBA: THE ORIGINAL MOWBRAYS TREE SERVICE, INC. Emp #: 1013

Period Start: 01/12/2025 686 E MILL ST 2ND FLOOR Dept: 000003 - Admin

Period End: 01/18/2025 SAN BERNARDINO CA 92408 (909) 569-2654 Pay Basis: Salary

	Rate	Hours/Units	Current Period	Year To Date	
Earnings					
Regular	48.08	40.00	1923.04	6922.94	
Holiday	48.08	0.00	0.00	769.22	
	Gross	40.00	1923.04	7692.16	
W/H Taxes					
Federal W/H(M)			123.51	494.04	
Medicare			27.89	111.54	
Social Security			119.22	476.91	
California State W/H(M/3)			43.22	172.88	
CaliforniaSDI Tax			23.08	92.31	
Deductions					
CELL PHONE			0.00	-10.00	
	Net Pay		1586.12	6354.48	Voucher No. 40794DD
Net Pay Distribution					
Direct Deposit Net Check			686.12	2754.48	
Direct Dep. Distribution 1			900.00	3600.00	
Employee Benefits, Allowances, and Other					
			Current Period	Year To Date	YTD Taken Available
Sick Time Hours			0.00	80.00	0.00 80.00
Vacation Hours			2.31	161.58	0.00 161.58

Voucher No. 40794DD

THE ORIGINAL MOWBRAYS TREE SERVICE, INC.
686 E Mill St 2nd Floor

DATE: 01/24/2025

Dept: 000003

Net Pay:

1586.12

One Thousand Five Hundred Eighty Six And 12/100 Dollars

MOWBRAY, ROBIN E
12706 HIGHVIEW LANE
REDLANDS, CA 92373

For Record Purposes Only
NON-NEGOTIABLE

Earnings Statement

MOWBRAY, ROBIN E

Company: OTX10 - ORIGINAL MOWBRAYS TREE SERVICE INC

Pay Date: 01/17/2025
Period Start: 01/05/2025
Period End: 01/11/2025

DBA: THE ORIGINAL MOWBRAYS TREE SERVICE, INC.
686 E MILL ST 2ND FLOOR
SAN BERNARDINO CA 92408 (909) 569-2654

Emp #: 1013
Dept: 000003 - Admin
Pay Basis: Salary

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Regular	48.08	40.00	1923.04	4999.90
Holiday	48.08	0.00	0.00	769.22

Voucher No. 40719DD

Voucher No. 40719DD

THE ORIGINAL MOWBRAYS TREE SERVICE, INC.
686 E Mill St 2nd Floor

DATE: 01/17/2025

Dept: 000003

Net Pay: **1586.12**

One Thousand Five Hundred Eighty Six And 12/100 Dollars

MOWBRAY, ROBIN E
12706 HIGHVIEW LANE
REDLANDS, CA 92373

For Record Purposes Only
****NON-NEGOTIABLE****

Company: OTX10 - ORIGINAL MOWBRAYS TREE SERVICE INC

Pay Date: 01/10/2025 DBA: THE ORIGINAL MOWBRAYS TREE SERVICE, INC. Emp #: 1013
Period Start: 12/29/2024 686 E MILL ST 2ND FLOOR Dept: 000003 - Admin
Period End: 01/04/2025 SAN BERNARDINO CA 92408 (909) 569-2654 Pay Basis: Salary

	Rate	Hours/Units	Current Period	Year To Date	
Earnings					
Regular	48.08	32.00	1538.43	3076.86	
Holiday	48.08	8.00	384.61	769.22	
Gross		40.00	1923.04	3846.08	
W/H Taxes					
Federal W/H(M)			123.51	247.02	
Medicare			27.89	55.77	
Social Security			119.23	238.46	
California State W/H(M/3)			43.22	86.44	
CaliforniaSDI Tax			23.07	46.15	
Deductions					
CELL PHONE			-10.00	-10.00	
Net Pay			1596.12	3182.24	Voucher No. 40630DD
Net Pay Distribution					
Direct Deposit Net Check			696.12	1382.24	
Direct Dep. Distribution 1			900.00	1800.00	
Employee Benefits, Allowances, and Other			Current Period	Year To Date	YTD Taken Available
Sick Time Hours			0.00	80.00	0.00 80.00
Vacation Hours			2.31	156.96	0.00 156.96

Voucher No. 40630DD

THE ORIGINAL MOWBRAYS TREE SERVICE, INC.
686 E Mill St 2nd Floor

DATE: 01/10/2025

Dept: 000003

Net Pay: 1596.12

One Thousand Five Hundred Ninety Six And 12/100 Dollars

MOWBRAY, ROBIN E
12706 HIGHVIEW LANE
REDLANDS, CA 92373

For Record Purposes Only
NON-NEGOTIABLE

Company: OTX10 - ORIGINAL MOWBRAYS TREE SERVICE INC

Pay Date: 01/03/2025 DBA: THE ORIGINAL MOWBRAYS TREE SERVICE, INC. Emp #: 1013
Period Start: 12/22/2024 686 E MILL ST 2ND FLOOR Dept: 000003 - Admin
Period End: 12/28/2024 SAN BERNARDINO CA 92408 (909) 569-2654 Pay Basis: Salary

		Rate	Hours/Units	Current Period	Year To Date
Earnings					
Regular		48.08	32.00	1538.43	1538.43
Holiday		48.08	8.00	384.61	384.61
		<hr/>			
Gross			40.00	1923.04	1923.04
W/H Taxes					
Federal W/H(M)				123.51	123.51
Medicare				27.88	27.88
Social Security				119.23	119.23
California State W/H(M/3)				43.22	43.22
CaliforniaSDI Tax				23.08	23.08
Deductions					
		<hr/>			
Net Pay				1586.12	1586.12
Voucher No. 40507DD					
Net Pay Distribution					
Direct Deposit Net Check				686.12	686.12
Direct Dep. Distribution 1				900.00	900.00
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Employee Benefits, Allowances, and Other				Current Period	Year To Date
Sick Time Hours				40.00	80.00
Vacation Hours				2.31	154.65
				YTD Taken	Available
				0.00	80.00
				0.00	154.65

Voucher No. 40507DD

THE ORIGINAL MOWBRAYS TREE SERVICE, INC.
686 E Mill St 2nd Floor

DATE: 01/03/2025

Dept: 000003

Net Pay:

1586.12

One Thousand Five Hundred Eighty Six And 12/100 Dollars

MOWBRAY, ROBIN E
12706 HIGHVIEW LANE
REDLANDS, CA 92373

For Record Purposes Only
NON-NEGOTIABLE

Company: OTX10 - ORIGINAL MOWBRAYS TREE SERVICE INC

DBA: THE ORIGINAL MOWBRAYS TREE SERVICE, INC.

Emp #: 1013

Period Start: 12/15/2024

686 E MILL ST 2ND FLOOR

Dept: 000003 - Admin

Period End: 12/21/2024

SAN BERNARDINO CA 92408 (909) 569-2654

Pay Basis: Salary

	Rate	Hours/Units	Current Period	Year To Date	
Earnings					
Regular	48.08	40.00	1923.04	94228.95	
Holiday	48.08	0.00	0.00	1923.05	
Retro Regular	48.08	0.00	0.00	5769.12	
Gross		40.00	1923.04	101921.12	
W/H Taxes					
Federal W/H(M)			125.61	7108.26	
Medicare			27.89	1477.86	
Social Security			119.23	6319.11	
California State W/H(M/3)			45.91	2667.92	
CaliforniaSDI Tax			21.15	1121.13	
Deductions					
401K \$			0.00	1422.65	
CELL PHONE			0.00	-110.00	
Net Pay			1583.25	81914.19	Voucher No. 40385DD
Net Pay Distribution					
Direct Deposit Net Check			1583.25	81914.19	
Employee Benefits, Allowances, and Other					
			Current Period	Year To Date	YTD Taken Available
Sick Time Hours			0.00	40.00	0.00 40.00
Vacation Hours			2.31	152.34	0.00 152.34
401K \$ - Match			0.00	57.69	*Company Match

Voucher No. 40385DD

THE ORIGINAL MOWBRAYS TREE SERVICE, INC.
686 E Mill St 2nd Floor

DATE: 12/27/2024

Dept: 000003

Net Pay:

1583.25

One Thousand Five Hundred Eighty Three And 25/100 Dollars

MOWBRAY, ROBIN E
12706 HIGHVIEW LANE
REDLANDS, CA 92373

For Record Purposes Only
****NON-NEGOTIABLE****

Company: OTX10 - ORIGINAL MOWBRAYS TREE SERVICE INC

DBA: THE ORIGINAL MOWBRAYS TREE SERVICE, INC.

Emp #: 1013

Period Start: 12/08/2024

686 E MILL ST 2ND FLOOR

Dept: 000003 - Admin

Period End: 12/14/2024

SAN BERNARDINO CA 92408 (909) 569-2654

Pay Basis: Salary

	Rate	Hours/Units	Current Period	Year To Date	
Earnings					
Regular	48.08	40.00	1923.04	92305.91	
Holiday	48.08	0.00	0.00	1923.05	
Retro Regular	48.08	0.00	0.00	5769.12	
Gross		40.00	1923.04	99998.08	
W/H Taxes					
Federal W/H(M)			125.61	6982.65	
Medicare			27.88	1449.97	
Social Security			119.23	6199.88	
California State W/H(M/3)			45.91	2622.01	
CaliforniaSDI Tax			21.15	1099.98	
Deductions					
401K \$			0.00	1422.65	
CELL PHONE			0.00	-110.00	
Net Pay			1583.26	80330.94	Voucher No. 40255DD
Net Pay Distribution					
Direct Deposit Net Check			1583.26	80330.94	
Employee Benefits, Allowances, and Other					
			Current Period	Year To Date	YTD Taken Available
Sick Time Hours			0.00	40.00	0.00 40.00
Vacation Hours			2.31	150.03	0.00 150.03
401K \$ - Match			0.00	57.69	*Company Match

Voucher No. 40255DD

THE ORIGINAL MOWBRAYS TREE SERVICE, INC.
686 E Mill St 2nd Floor

DATE: 12/20/2024

Dept: 000003

Net Pay: **1583.26**

One Thousand Five Hundred Eighty Three And 26/100 Dollars

MOWBRAY, ROBIN E
12706 HIGHVIEW LANE
REDLANDS, CA 92373

For Record Purposes Only
****NON-NEGOTIABLE****